

## HIPPA Notice of Privacy Practices for Personal Health Information

Keowee Smiles is required by law to maintain the privacy of your personal health information, provide you this notice of our legal duties and privacy practices with respect to your personal health information, and follow the terms of this notice. This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We protect your Personal Health Information from inappropriate use or disclosure. Our staff at Keowee Smiles is required to comply with the requirements that protect the confidentiality of Personal Health Information.

We will not disclose your Personal Health Information to any other medical or dental office or any insurance company without your written consent. We will use and disclose health information about you for business purposes relating to your dental or medical insurance coverage. Patients who have signed the Consent to Service on the Patient Information Form have already consented to disclose information to your insurance company. This will allow your insurance company to have the required information for your claim to process accordingly for your dental benefits to be paid.

The following describe these and other uses and disclosures, together with some examples.

- **For Payment:** We may use or disclose health information about you to determine eligibility for plan benefits, obtain customer payment for benefits, process your claims, administer plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing submitted claims or determining whether treatment is covered under your plan.
- **Use of X-rays, Intra-oral, Extra-oral and Full Face Photographs:** We may use any x-rays, intra-oral or extra-oral photographs for education and advertising purposes. No full face photographs will be used for education or advertising purposes unless a separate Consent Form is signed by the patient or personal representative.
- **Health-Related Benefits and Services:** We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health-related benefits and services that add value to, but are not part of, your health plan.
- **Personal Representatives:** We may use or disclose health information about you when dealing with individuals involved in your care or the payment of your care. For example, we may disclose health information to an individual who had legal authority to make health care decisions on your behalf.
- **Worker's Compensation:** For example, to comply with workers' compensation or similar laws.
- **Public Health Risk:** For example, to prevent or control disease, report child abuse, and domestic violence.
- **Lawsuits and Disputes :** For example, in the course of any administrative or judicial proceeding.

- **Law Enforcement:** For example, to identify or locate a suspect or to comply with a court order, a court ordered warrant or a subpoena or summons issued by an officer of the court.
- **National Security and Intelligence Activities:** For example, for military, national security, prisoner and government benefit purposes.

### **Your Rights Regarding Personal Health Information We Maintain About You**

The following are your various rights as a consumer under HIPPA concerning your personal health information. Should you have questions about a specific right, please write or call us at the location listed in our discussion of that right.

- **Right to Inspect and Copy Your Personal Health Information:** In most cases, you have the right to inspect and obtain a copy of the Personal Health Information that we maintain about you. To inspect and copy Personal Health Information, you must submit your request to 10261-A Clemson Blvd. Seneca, SC 29678 or call 864-888-3102. However, certain types of Personal Health Information will not be made available for inspection and copying. This includes personal health information collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding.
- **Right to Amend Your Personal Health Information:** If you believe that your personal health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your Personal Health Information while it is kept by or for us. We may deny your request if you ask us to amend Personal Health Information that:
  - Is accurate and complete
  - Was not created by us, unless the person or entity that created the Personal Health Information is no longer available to make the amendment
  - Is not part of the Personal Health Information kept by or for us; or
  - Is not part of the Personal Health Information which you would be permitted to inspect and copy
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on Personal Health Information we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request. At that time we will need information such as what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about personal health information in a certain way or at a certain location. To request confidential communications, you must make your request in writing. Please specify how or where you wish to be contacted.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

**Additional Information**

- **Changes of This Notice:** We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for personal health information we already have about you as well as any personal health information we receive in the future. You will receive a copy of any revised notice from our office by fax, mail or email.

**If you have other questions regarding the HIPPA policies or our Notice of Privacy Practices for Personal Health Information, please contact our office at Keowee Smiles, 241 Stork Way, Seneca, SC 29678 or 864-888-3102.**